

# Pharmacy

## PRIOR AUTHORIZATION FORM

For Prior Authorization, please fax toll-free (877) 974-4411, or local number (616) 942-8206

This form applies to:  Commercial Plan  Medicaid Plan  Medicare Plan

# Nuedexta<sup>®</sup> (dextromethorphan/quinidine)

**URGENT** (life threatening)

**Non-Urgent** (standard review)

A claim involving "urgent care" applies when then standard review time will seriously jeopardize the life or health of the member, or subject the member to severe pain that cannot be managed without the care or treatment requested in the subject of this request. **Priority Health averages between 1 and 3 business days for our standard review response time.**

### Member Information

Member Name:	Member No.:
DOB:	Gender:
Member's PCP:	

### Provider Information

Provider Name:	
Office Contact Name:	Provider Phone:
Provider NPI:	Provider Fax:
Provider Address:	

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

### PRODUCT INFORMATION

Nuedexta<sup>®</sup> capsule

**Dosage:**  1 po every day for 7 days, then 1 po q 12 hours.

Other: \_\_\_\_\_

### BILLING INFORMATION

#### Request:

New – Complete Section A

Continuation – Complete Section B

NOTE: If approved, initial certification will be for 3 months (90 days). Additional documentation is required for continued authorization.

## PRECERTIFICATION REQUIREMENTS

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### PRIORITY HEALTH PRECERTIFICATION REQUIREMENTS

Authorization for Nuedexta<sup>®</sup> (dextromethorphan/quinidine) requires the following information to certify:

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**Patient must have met the following requirements for initial authorization:**

- Diagnosis of pseudobulbar affect caused by a structural neurologic condition including amyotrophic lateral sclerosis (ALS), multiple sclerosis (MS), or stroke; No exacerbations of ALS or MS within the last 2 months
- No history of Alzheimer's or other forms of dementia
- No history of major psychiatric disturbance (bipolar disorder, major depression, schizophrenia)
- No history of, or current substance abuse or drug-seeking behavior
- No history of recent falls or at risk for falls
- Baseline ECG with no significant abnormalities and no history of QT prolongation syndrome
- Patient has at least 10 episodes of inappropriate laughing or crying per day before therapy
- Trial of at least 2 generic antidepressants (including at least one tricyclic antidepressant and at least one SSRI) for at least 6 months
- Drug is initially prescribed by a neurologist
- Patient is not on any interacting medications

**For continuation, patient must have met the following requirements:**

- Documentation of a decrease of episodes of inappropriate laughing/crying by at least 50% of baseline.

## SECTION A – NEW THERAPY

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### PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION

Authorization for Nuedexta<sup>®</sup> (dextromethorphan/quinidine) requires the following information to certify:

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**A. What is the patient's diagnosis?**

- a.  pseudobulbar affect caused by a structural neurologic condition:
- amyotrophic lateral sclerosis (ALS)
  - multiple sclerosis (MS)
  - stroke

b.  *Other:* \_\_\_\_\_  
*Rationale for use:* \_\_\_\_\_

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

**B. Has the patient had an exacerbation of ALS or MS within the previous 2 months?**

- Yes  
 No

**C. Does the patient have a history of Alzheimer's or other forms of dementia?**

- Yes (safety and efficacy not established) – *Rationale for use:* \_\_\_\_\_  
 No

**D. Does the patient have a history of major psychiatric disturbance (bipolar disorder, major depression, schizophrenia)?**

- Yes – *Rationale for use:* \_\_\_\_\_  
 No

**E. Does the patient have a history of, or current substance abuse or drug-seeking behavior?**  
 Yes – *Rationale for use:* \_\_\_\_\_  
 No

**F. Does the patient have a history of recent falls or at risk for falls?**  
*(Dizziness is common adverse reaction to Nuedexta)*  
 Yes – *Rationale for use:* \_\_\_\_\_  
 No

**G. The results of a baseline ECG have been reviewed showing no significant abnormalities and no history of QT prolongation syndrome.**  
 Yes – *Rationale for use:* \_\_\_\_\_  
 No

**H. What is the baseline number of episodes of inappropriate laughing/crying per day for this patient?**  
 Number/day: \_\_\_\_\_

**I. Has the patient had a therapeutic trial and clinical failure with both one tricyclic antidepressant (e.g. amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline) and one selective serotonin reuptake inhibitor (e.g. citalopram, escitalopram, fluoxetine, paroxetine, sertraline) for a minimum of 6 months?**  
 Yes – the drug names and length of trial with each are listed below:  
 Drug Name: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Drug Name: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Drug Name: \_\_\_\_\_ Duration: \_\_\_\_\_  
 Drug Name: \_\_\_\_\_ Duration: \_\_\_\_\_

No – *Rationale for use:* \_\_\_\_\_

**J. Is Nuedexta being prescribed by or was initially prescribed by a neurologist for this patient?**  
 Yes  
 No – *Rationale for use:* \_\_\_\_\_

**K. The patient is not currently on any interacting medications (reference table can be found at the end of form) or is being monitored or therapy modified for drug interactions.**  
 Yes  
 No – *Rationale for use:* \_\_\_\_\_

**SECTION B – CONTINUATION**

**PRIORITY HEALTH PRECERTIFICATION DOCUMENTATION**

Authorization for continuation of Nuedexta<sup>®</sup> (dextromethorphan/quinidine) requires the following information to certify:

**A. What is the current average number of episodes of inappropriate laughing/crying per day for this patient?**

Number/day: \_\_\_\_\_

\*\*\* All fields must be complete and legible for Prior Authorization Review\*\*\*

**Please fax this request to: (877)974-4411 toll free or (616)942-8206**

**YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX**

**DRUG INTERACTIONS**

<b>C</b> <i>Monitor Therapy</i>	<b>D</b> <i>Consider Therapy Modification</i>	<b>X</b> <i>Avoid Combination</i>
Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The benefits of concomitant use of these two medications usually outweigh the risks. An appropriate monitoring plan should be implemented to identify potential negative effects. Dosage adjustments of one or both agents may be needed in a minority of patients.	Data demonstrate that the two medications may interact with each other in a clinically significant manner. A patient-specific assessment must be conducted to determine whether the benefits of concomitant therapy outweigh the risks. Specific actions must be taken in order to realize the benefits and/or minimize the toxicity resulting from concomitant use of the agents. These actions may include aggressive monitoring, empiric dosage changes, choosing alternative agents.	Data demonstrate that the specified agents may interact with each other in a clinically significant manner. The risks associated with concomitant use of these agents usually outweigh the benefits. These agents are generally considered contraindicated.
[C] Amphetamines	[D] Atomoxetine	[X] Artemether
[C] Antacids	[D] Cardiac Glycosides	[X] Conivaptan
[C] Barbiturates	[D] Cimetidine	[X] Crizotinib
[C] Beta-Blockers	[D] Codeine	[X] Dronedarone
[C] Boceprevir	[D] Colchicine	[X] Lumefantrine
[C] Calcium Channel Blockers (Dihydropyridine)	[D] CYP2D6 Inhibitors (Strong)	[X] MAO Inhibitors
[C] Carbonic Anhydrase Inhibitors	[D] CYP2D6 Substrates	[X] Mefloquine
[C] Chloroquine	[D] CYP3A4 Inhibitors (Strong)	[X] Nilotinib
[C] Ciprofloxacin	[D] Dabigatran Etexilate	[X] Pimozide
[C] Ciprofloxacin (Systemic)	[D] Dabigatran Etexilate	[X] Protease Inhibitors
[C] Conivaptan	[D] Dextromethorphan	[X] QUetiapine
[C] CYP2D6 Inhibitors (Moderate)	[D] Dihydrocodeine	[X] QuiNINE
[C] CYP3A4 Inducers (Strong)	[D] Everolimus	[X] Silodosin
[C] CYP3A4 Inhibitors (Moderate)	[D] Gadobutrol	[X] Tetrabenazine
[C] Cyproterone	[D] Haloperidol	[X] Thioridazine
[C] Deferasirox	[D] Kaolin	[X] Topotecan
[C] Diltiazem	[D] Lurasidone	[X] Toremifene
[C] Eribulin	[D] Macrolide Antibiotics	[X] Vandetanib
[C] Etravirine	[D] QTc-Prolonging Agents	[X] Vemurafenib
[C] Fesoterodine	[D] Quinidine	[X] Ziprasidone
[C] Fingolimod	[D] Rifamycin Derivatives	
[C] Fluconazole	[D] Selective Serotonin Reuptake Inhibitors	
[C] Fosphenytoin	[D] Serotonin Modulators	
[C] Hydrocodone	[D] Sucralfate	
[C] Neuromuscular-Blocking Agents	[D] Tricyclic Antidepressants	
[C] Peginterferon Alfa-2b		
[C] P-glycoprotein/ABCB1 Inducers		
[C] P-glycoprotein/ABCB1 Substrates		
[C] Phenytoin		
[C] Potassium-Sparing Diuretics		
[C] Primidone		
[C] Procainamide		
[C] Reserpine		
[C] Rivaroxaban		
[C] Telaprevir		
[C] Tocilizumab		
[C] Verapamil		
[C] Vitamin K Antagonists		